



WFO Guidelines for the Establishment of New National and Regional Orthodontic Boards

Background Information

The WFO Executive Committee appointed a WFO Orthodontic Board Committee consisting of representatives of most of the orthodontic boards that exist throughout the world. A questionnaire was developed by Dr. Roberto Justus, Chairman, and Dr. Abbas Zaher and sent to the WFO Orthodontic Board Committee. Members of the Committee are as follows:

1. Dr. Allen H. Moffitt, American Board of Orthodontics
2. Dr. Jose Carlos Elgoyhen, Argentinean Board of Orthodontics
3. Dr. Michael Razza, Australasian Orthodontic Board
4. Dr. Ana Maria Bolognese, Brazilian Board of Orthodontics
5. Dr. Steffan Affolter, European Board of Orthodontists
6. Dr. Patricia Lambrey, French Board of Orthodontics
7. Dr. Barbel Kahl-Nieke, German Board of Orthodontics
8. Dr. Gauri Vichare, Indian Board of Orthodontics
9. Dr. Mauro Cozzani, Italian Board of Orthodontics
10. Dr. Nasib Balut, Mexican Board of Orthodontics
11. Dr. Ermelinda Sabater-Galang, Philippine Board of Orthodontics
12. Dr. Yeong-Charng Yen, Taiwan Board of Orthodontics
13. Dr. Somchai Satravaha, Thai Board of Orthodontics

The WFO Guidelines for the Establishment of New National and Regional Orthodontic Boards are based on the opinions offered by the WFO Orthodontic Board Committee in their response to the questionnaire.

It is anticipated that these guidelines may encourage the establishment of new certifying boards in orthodontics. Existing certifying boards may wish to compare their current guidelines and procedures to those recommended by the WFO, modifying them accordingly, if they find that their standards would be improved.

The WFO believes that increased awareness of the importance of orthodontic boards through the establishment of these guidelines will elevate the standards of orthodontic practice. This will occur, in part, through the dissemination of the WFO Guidelines so orthodontists will learn more about the boards and the examination criteria of how



orthodontic cases should be finished. Hopefully, orthodontists will then compare their own results with recommended standards and incorporate these standards into their practices.

Questions, Summary of Answers, Facts and Conclusions:

Question # 1 “Invitation”

Most new orthodontic boards have used some form of “invitation” to start a board in a country, where none existed previously. Please express your opinion as to how extensive this process should be. Invitations have ranged in the past from being sent to a select group of chosen orthodontists to the whole membership asking them to submit their credentials by a specified date.

Question # 1 “Summary of Answers to Invitation”

Committee members agreed that all educationally qualified orthodontists should be invited to start a board in a country; that a deadline date for joining should be announced; and that all orthodontists should be examined. Some committee members were of the opinion that to become board certified, an orthodontist should first pass an examination. Others opined that qualified orthodontists should be initially given “time-limited certificates” of five (5) to ten (10) years in order to “get them into the system” and then be recertified through examination.

Question # 1 “Facts about Invitation”

The majority of existing organizations throughout the world that have formed an orthodontic board have a low proportion of their members who have become certified. The most frequent reasons stated by orthodontists for not taking the board are: (1) too much time and effort required, and (2) a perceived lack of monetary value and very low cost-efficiency in becoming certified. To overcome this reluctance by orthodontists to become boarded, the American Board of Orthodontics (ABO) the oldest of the world’s orthodontic boards, recently established an alternative pathway to certification by offering educationally qualified non-boarded orthodontists “time limited certificates” prior to showing case reports. The result was that the percentage of board certified orthodontists in the American Association of Orthodontists (AAO) increased from 28% to 52%. The conclusion of the ABO was: “Get educationally qualified orthodontists certified as quickly as possible, but make them prove their capabilities on a regular basis. This concept is based on the belief that once



orthodontists have their board certificates, they will want to maintain their boarded status and will agree to submit to a series of exams throughout their lifetimes.

Question # 1 **“Conclusions to Invitation”**

It is recommended that to start an orthodontic board in a country that:

1. All educationally qualified orthodontists should be given “time-limited board certification” initially at the time that the certification board is started with the understanding that later examination will be necessary.
2. A deadline date for accepting initial board certification by educationally qualified orthodontists must be established and publicized.

Question # 2 **“Recertification”**

Many boards have a “recertification process” in place. Some boards included it when the board was started and some have subsequently added recertification to their standards. Please submit your recommendations regarding recertification, including the frequency and requirements for recertification.

Question #2 **“Summary of Answers to Recertification”**

Committee members agreed that recertification is important because boards are supposed to serve and protect the public by elevating the standard of care. The respondents also agreed that recertification should occur periodically with the range of that period being 5 to 12 years. The majority of the committee believed that the process of recertification should include the submission of treated clinical cases; a minority of the committee believed that the process of recertification should be through the submission of validated credit hours of continuing education.

Question #2 **“Facts about Recertification”**

Certifying boards do not serve the organization of specialists that they represent, but serve the public for whom the specialty cares. Recertification should be thought of as a way to continually monitor and hopefully, elevate the standard of care.

Question # 2 **“Conclusions to Recertification”**

1. Recertification of boarded orthodontic specialists is important to maintain a high level of the standard of care.
2. All board certified orthodontists should be recertified periodically. The interval of certification should be established by the Board of Directors of the certifying board and not be less than five (5) nor more twelve (12) years.
3. Recertification should include the submission of clinical cases.

Question # 3 **“Selection and Replacement of Examiners/Directors”**

Please submit your ideas on how an initial board of directors should be chosen. Include in your answer the length of time a director should serve and how directors should be reappointed and how their successors should be chosen.

Question # 3 **“Summary of Answers to Selection and Replacement of Examiners/Directors”**

Committee members agreed that an initial selection of Directors/Examiners should be chosen based on educational background and credentials of the orthodontists. Those individuals with sound academic and practice backgrounds with no commercial involvement and a commitment to serve the board for several years should receive priority. The board should be diverse, consisting of both orthodontists involved in academics and those with an excellent private practice background. All board members should be respected clinicians. One suggestion was that the initial examiners should be willing to stand for an examination conducted by examiners of existing boards in the world. This procedure suggests an element of fairness to prospective candidates and would give instant credibility to the new examiners.

Committee members agreed that Directors/Examiners should serve a minimum of three years. After three years some directors should be replaced annually in a preplanned and “agreed to” basis so that there would be new directors on a staggered basis. This would provide both continuity and “new blood” for the board. If possible, the board should have regional representation within the country that it represents with as many directors as there are regions within the country.

When it comes time to replace a director leaving the board, the region involved should provide the names of a minimum of three qualified orthodontists in their region to replace

the director leaving the board. The remaining directors of the board should then select the new director from among the qualified candidates suggested by the region.

Question # 3 **“Conclusions to Replacement and Selection of Examiners/Directors”**

1. Respected orthodontists, **who do not have commercial interests**, should be a requirement for appointment for both initial directors of the board as well as their successors.
2. Ideally, the Board of Directors should represent equally all regions or constituencies within the area that the Board represents.
3. Board directors should agree to serve for a minimum of three years and a maximum of as many years as there are regions or constituencies.
4. Board directors should be replaced in a planned and “agreed-to” basis.

Question # 4 **“Examination Process”**

Please provide your opinion on the required qualifications for a candidate to take the written examination. If you support a “model display” please provide detail on the types of cases that should be presented and whether there should be a different requirement for a person who has been in practice and a resident who recently completed his/her training program.

Question # 4 **“Summary of Answers to Examination Process”**

A majority of committee members agreed that only orthodontists who had graduated from a recognized (approved, accredited) orthodontic post-graduate program should be allowed to take the crediting board examination. Recent graduates within 36 months of completing their residency may display cases treated during their residency and may not need to display as many cases. The committee agreed that cases must be shown with a range in that requirement from five (5) to ten (10) cases. The opinions on the types of cases for the model display were varied. Mentioned were the following cases: early treatment, extraction, non-extraction, multidisciplinary, orthognathic surgery, arch length-tooth size discrepancies greater than 5 mm., ANB angles greater than five (5) degrees, transverse or vertical discrepancies, and cases with an FMA less than twenty (20) or greater than thirty-five (35) degrees.



Question # 4 **“Facts about the Examination Process”**

The American Board of Orthodontics’ and Australasian Orthodontic Board’s recent strategy to increase the number of boarded orthodontists by giving recent graduates permission to use cases treated during their residency appears to have been successful. Not only does this provision increase the number of boarded orthodontists, but it also appears to elevate the standard of care recent graduates provide early in their lives as orthodontic specialists, since young orthodontists become aware of the standards expected both in their residencies and throughout their careers. The types of cases required by various orthodontic boards in the world can be ascertained by visiting their websites. The address of these websites can be found by accessing the WFO website at wfo@wfo.org.

Question # 4 **“Conclusions to the Examination Process”**

1. All orthodontists, including recent graduates, who completed their orthodontic training within 36 months of application AND that possess the educational qualifications approved by the Board, should be able to apply and take the board exam.
2. Candidates must display clinical cases (five to ten). Candidates who are within 36 months of their graduation may have a lesser case display requirement and may display cases treated during their residency.
3. All educationally qualified orthodontists, including residents in their final year of their training program, may take the written examination.
4. Specific requirements for the case display should be set by the Board of Directors and be prominently publicized so they are accessible to all candidates.